VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
http://www.dail.vermont.gov
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 26, 2014

Ms. Jayne Placey, Administrator
Arioli Community Care Home
15 Arioli Avenue
Barre, VT 05641-5214

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **May 27, 2014.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

PC:jl

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0027	A. BUILDING: _____ B. WING _____	C 05/27/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARIOLI COMMUNITY CARE HOME	15 ARIOLI AVENUE BARRE, VT 05641

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey and the investigation of one entity report and one complaint were conducted by the Division of Licensing and Protection on 5/27/14. Based on information gathered, there were regulatory deficiencies as follows.	R100	Please see attached plans of correction.	
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by:	R179		

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R179	Continued From page 1 Based on record review and staff interview, the home failed to assure that 5 of 5 sampled staff persons who provide direct care to residents completed all mandatory trainings annually. Findings include: 1. Per review of the in-service records provided by the facility on 5/27/14, 5 of 5 direct care staff in the sample had not completed a mandatory training covering policy and procedure for Resident Rights and Abuse/Neglect/Exploitation in the past 12 months. During an interview on 5/27/14 at 2:55 PM, the Manager confirmed that no records were available to show completion in the past 12 months of training for Resident Rights and Abuse/Neglect/Exploitation for 5 of 5 direct care staff sampled.	R179		
R224 SS=E	VI. RESIDENTS' RIGHTS 6.12 Residents shall be free from mental, verbal or physical abuse, neglect, and exploitation. Residents shall also be free from restraints as described in Section 5.14. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to assure that 2 of 3 residents in the sample remained free from financial exploitation. Findings include: 1. Per record review on 5/27/14, the responsible party for Resident #2 signed a written request for Washington County Mental Health Services to act as Representative Payee. An agency invoice shows a credit of $1,000.00 for holiday	R224		

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R224	Continued From page 2 shopping/furniture on 12/4/13; an Entry Analysis Balance Sheet shows that $1,000.00 was credited on 12/5/13 for holiday shopping/furniture, by the home's former Manager for Resident #2. The home's Record of Financial Transactions for Resident #2 shows that Resident #2 was credited on 12/13 $500.00 [not $1,000.00) for "Holiday $". On 12/14, there is a Money Taken entry of $500.00. There were no available receipts to show the use of the $1,000.00 initial credit of 12/4/13, nor to account for the $500.00 not recorded by the former Manager. During an interview on 5/27/14 at 1:45 PM, the current Manager of the home confirmed that there are no receipts and no evident goods to account for the missing $500.00 in the account of Resident #2. The former Manager was dismissed by the agency. 2. Per record review on 5/27/14, the responsible party for Resident #3 signed a written request for Washington County Mental Health Services to act as Representative Payee. An agency invoice shows a $1,500.00 credit to the account of Resident #3 on 12/4/13 for holiday shopping/furniture. An Entry Analysis Balance Sheet shows that $1,500.00 was credited 12/5/13 for holiday shopping/furniture by the former Manager for Resident #3. On the home's Record of Financial Transactions for Resident #3, a Received Credit entry of $1,000.00 on 12/13 is logged by the former Manager. Money Taken entries were recorded on 12/11, 12/13, 12/14, and 12/17. There was no accounting of the $500.00 not initially represented on the log entry (from the $1,500.00 credit). During an interview on 5/27/14 at 1:45 PM, the home's current Manager confirmed that there are no receipts and no evident goods to account for the missing $500.00 in the account of Resident #3. The former	R224		

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R224	Continued From page 3 Manager was dismissed by the agency.	R224		
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the home failed to assure that potentially dangerous cleaning products were inaccessible by ambulatory residents who have mental health and developmental disabilities. Findings include: 1. Per record review and staff interview, Resident #3 (who is fully ambulatory and has a seizure disorder and developmental delays) had a seizure on 2/11/14. After receiving appropriate medication, Resident #3 wandered from the living room area; records show wandering is typical after a seizure for this resident. When the staff person went to check on the location of Resident #3, s/he did not find him/her in the dining area as expected, so looked outside. Meanwhile, Resident #3 had actually gained access to the unlocked laundry room and had ingested a soap pod. The poison control and physician were consulted, and no ill consequences resulted from the soap pod ingestion. During an interview on 5/27/14 at 2:00 PM, the home's Manager confirmed that at the time of the incident there was no locking storage for laundry and cleaning agents.	R266		

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R266	Continued From page 4 2. During the initial tour of the home on 5/27/14, the padlock on the storage cabinet in the laundry room was found to be unengaged. At 9:15 AM, the home's Manager confirmed that the locking cabinet had been provided in the laundry room after the incident with Resident #3 on 2/11/14. The Manager confirmed that during the initial tour, the lock on the storage cabinet was not engaged.	R266		
R302 SS=E	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to conduct fire drills in two of four quarters during the past 12 months. Findings include: 1. The home's fire drill logs, provided and reviewed on 5/27/14, showed that fire drills were	R302		

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R302	Continued From page 5 conducted in two of four quarters in the past 12 months. Drills conducted rotated through the required times of day except during the night period. During an interview on 5/27/14 at 10:45 AM, the home's Manager confirmed that fire drill records lacked drills during two quarters and the night period over the past 12 months.	R302		

June 13, 2014

Plan of Correction for Arioli Community Care Home from survey and investigation of a complaint done May 27, 2014.

R179: *Effective immediately the assistant manager will incorporate a form for each training. The form will include not only the name af the training but also a list of all stoffs names. This form will be required to be signed by each staff once they have completed the training. If far same reason a staff isn't present at the time of the training administration will follaw up to be sure that every staff receives the training and signs off they received the training in a timely fashion (ane manth). Once all staff is in compliance the farms will then and only then be filed in the training boak. This will be reviewed monthly by the home Coordinatar.*

R224: *Effective when the discrepancy was noticed the home Caordinatar bought a safe with only two keys. A delegated staff and Coordinator are the anly twa with the access key. The delegated staff documents all funds coming in and out of the home far each resident an individual spread sheets. Staff goes ta this delegated staff (ar Caardinator) to request any/all maney far specific residents. All money handed aut far clients must be returned with receipts totaling ony maney given/spent. Monthly, the delegated staff and Caardinator go aver all money together to be sure everything is balanced and accounted for appropriately.*

R266: *The lock an the cabinet is checked regularly to ensure it is lacked at all times. It was discussed with staff that it was not anly o requirement and MUST be lacked ot all times but it is very much a safety issue that requires the staff ta be diligent in keeping it lacked and the residents safe. This was in effect immediately at the time of the review.*

R302: *Effective immediately the house assistant manager will ensure the home is in compliance in the mandatory/required quarterly and yearly fire drills. This includes ratating them thraugh each shift documenting date and time af each drill as well as names af participating staff members. This will be reviewed monthly by the hause Coordinatar.*

Jayne Placey

Jayne Placey

Coordinator of Residential Services
Arioli Community Care Home (WCMH)
15 Arioli Ave.
Barre, Vt. 05641
(802) 479-1439

R179, R224, R266, R302 POC's accepted
6/19/14 JHosmer RN | PMC